Standard Form 47

(Rev. 1-77) PHYSICAL FITNESS INQUIRY FOR MOTOR VEHICLE OPERATORS

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1. Last Name-First Name- Middle Name 2. Date		Of Birth		3. Title Of Position						
4. Home Address (Number, street or RFD, city or town, State& ZI				P code)		5. Employing Agency				
		ver had or have you now (plac	e check at le	eft of each		1				
YES					YES	NO				
		Poor vision in one or both eye	es		J □				ı, swollen or p	painful joints
\sqcup		Eye disease			ŀ∐	Ц		hand, arm, fo		
님		Poor hearing in one or both ea	ırs		↓ <u> </u>	닏			rm, foot, or le	
님		Diabetes	. 01	.1	1	닏			ouble of any l	kınd
H		Palpitation, chest pain, or shor	rtness of bre	eath	ŀH	H		ts or epilepsy		
H		Dizziness or fainting spells			∤	H		albumin in u		
H		Frequent or severe headaches High or low blood pressure			ᅢ	H		rious defects	abit (alcohol)	
H		Drug or narcotic habit			 	Ш	Other se	rious defects	or diseases	
7 If vo		ver is "yes" to one or more of t	the above as	actions of] vnlain fi	ıllızin	this space	indicating d	ate of origina	al condition or
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		wear glasses (or contact lense wear a hearing aid?	s) while ariv	ving?			ES [ZES [NO NO		
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